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(to be used for all correspondence after initial filing)  Total Number of Pages in This Submission  ENCLOSURES (check all that apply)  Fee Transmittal Form  Fee Attached  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts/ Incomplete Application  Remarks  Art Unit  Examiner Name  David H. Malzahn  RECE  Valence Number  Attorney Docket Number  13398USO2  Tentral FAX (Control of Control of Control of Control of Control of Control of Time  After Allowance Communication to Board of Appeal Communication to Board of Appeal Communication to Total Appeal Communication to Total Appeal Communication to Total Number of Control of Appeal Communication to Total Appea							
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Information Disclosure Statement  Request for Refund  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53  SIGNAYURS OF APPLICANT, ATTORNEY, OR AGENT  Firm  SIGNAYURS OF APPLICANT, ATTORNEY, OR AGENT  Firm  Signature  Printed Name  Wohn A. Wiberg, Reg. No. 44,401  Date  CERTIFICATE OF FAX TRANSMITTAL  I hereby certify that this correspondence is being scnt via facsimile to Mail Stop Amendment, United States Patent and	Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request	Licensing-rela Petition Petition to Cor Provisional Ap Power of Attor Change of Cor Address	nvert to a plication rney, Revocation respondence	to Ap of / Ap (Ap	TC  ppeal Communication  ppeal Communication  ppeal Notice, Booking  poprietary Informatus Letter	unication to Board Interferences inication to TC nel, Reply Brief) irmation	
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